

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030223

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 50

Primary Registration District No. 4070

Registrar's No. 48

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED SEP 4 1962

1. PLACE OF DEATH

a. COUNTY Camden

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN StoutlandLength of stay in 1b
70yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 4mi. N. of StoutlandInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Camden

c. CITY OR TOWN Stoutland

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
4mi. N. of StoutlandReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First Nora

Middle Ellen

Last Roark

4. DATE OF DEATH

Month Day Year
Aug. 25, 1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-18-85

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

Camden County, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Hammer

13b. MOTHER'S MAIDEN NAME

Jane Craft

14. NAME OF HUSBAND OR WIFE

Charles W. Roark

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Charles W. Roark, Stoutland, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage
with left hemiplegiaINTERVAL BETWEEN
ONSET AND DEATH

3 Sept 1957

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☒ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., In or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3 Sept 1957 to 2 Oct 1957 and last saw her
Death occurred at 11:00 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

8-27-62

23c. NAME OF CEMETERY OR CREMATORY

Stoutland Cemetery

23d. LOCATION (City, town, or county)

Stoutland,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Lebanon, Mo.

25. DATE RECD. BY LOCAL REG.

Aug. 26-1962

26. REGISTRAR'S SIGNATURE

Zilpha J. Shaw

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.